

AMENDED IN ASSEMBLY AUGUST 4, 2014

AMENDED IN ASSEMBLY JUNE 11, 2014

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AMENDED IN SENATE MAY 6, 2014

AMENDED IN SENATE APRIL 10, 2014

SENATE BILL

No. 1438

**Introduced by Senator Pavley
(Coauthor: Senator Anderson)**

February 21, 2014

An act to amend Section 1714.22 of the Civil Code, and to amend Sections 1797.170, 1797.197, and 11601 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

SB 1438, as amended, Pavley. Controlled substances: opioid antagonists.

(1) Existing law authorizes a licensed health care provider who is permitted by law to prescribe an opioid antagonist and is acting with reasonable care to prescribe and subsequently dispense or distribute an opioid antagonist for the treatment of an opioid overdose to a person at risk of an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. Under existing law, licensed health care providers are authorized to issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist the person at risk. Existing law also authorizes licensed health care providers to issue

standing orders for the administration of an opioid antagonist by a family member, friend, or other person in a position to assist a person experiencing or suspected of experiencing an opioid overdose.

Existing law provides that a licensed health care provider who acts with reasonable care and issues a prescription for, or an order for the administration of, an opioid antagonist to a person experiencing or suspected of experiencing an opioid overdose is not subject to professional review, liable in a civil action, or subject to criminal prosecution for issuing the prescription or order. Under existing law, a person who is not otherwise licensed to administer an opioid antagonist, but who meets other specified conditions, is not subject to professional review, liable in a civil action, or subject to criminal prosecution for administering an opioid antagonist.

This bill would clarify that peace officers are included among the persons authorized to receive and distribute opioid antagonists as described above.

(2) Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority (EMSA), which is responsible for the coordination and integration of all state agencies concerning emergency medical services. Under existing law, EMSA is required to establish training and standards, and promulgate regulations, for all prehospital emergency *medical* care personnel, as defined, regarding the characteristics and method of assessment and treatment of anaphylactic reactions and the use of epinephrine. Existing law also requires EMSA to develop and adopt regulations for the training and scope of practice for emergency medical ~~technicians-I~~ *technician-I* (EMT-I) certification, which includes, among other things, a specified course of training on the nature of sudden infant death syndrome.

This bill would require EMSA to develop and adopt training and standards, and promulgate regulations, for all prehospital emergency *medical* care personnel, as defined, regarding the use and administration of naloxone hydrochloride and other opioid antagonists. The bill would authorize EMSA to adopt existing training and standards for prehospital emergency *medical* care personnel regarding the statewide use and administration of naloxone hydrochloride or another opioid antagonist to satisfy the requirements of the bill's provisions. The bill would also authorize, at the discretion of the medical director of the local EMS agency, pertinent training completed by prehospital emergency *medical* care personnel to be used to satisfy part of the training requirements

established by EMSA pursuant to the bill’s provisions. The bill would specify that both of those types of trainings satisfy the requirements described above allowing for immunity from criminal and civil liability for administering an opioid antagonist.

The bill would also require EMSA to develop and adopt regulations to include the administration of naloxone hydrochloride in the training and scope of practice of EMT-I certification, on or before July 1, ~~2015~~. 2016. The bill would require these regulations to be substantially similar to certain regulations that authorize an EMT-I to receive training for naloxone hydrochloride administration without having to complete the entire emergency medical ~~technicians-H~~ *technician-II* (EMT-II) certification course.

(3) Existing law, the Uniform Controlled Substances Act, requires the Attorney General to encourage research on the misuse and abuse of controlled substances, and, in connection with that research, and in furtherance of the enforcement of the act, authorizes the Attorney General to undertake specific acts, including developing new or improved approaches, techniques, systems, equipment, and devices to strengthen the enforcement of the act.

This bill would additionally permit the Attorney General, in connection with that research, and in furtherance of the enforcement of the act, to authorize hospitals and trauma centers to share information with local law enforcement agencies and local emergency medical services agencies about controlled substances. The bill would limit the data that may be provided by hospitals and trauma centers to the number of overdoses and the substances suspected as the primary cause of the overdoses. The bill would require that the information shared be shared in a manner that ensures complete patient confidentiality.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1714.22 of the Civil Code is amended
- 2 to read:
- 3 1714.22. (a) For purposes of this section, the following
- 4 definitions shall apply:
- 5 (1) “Opioid antagonist” means naloxone hydrochloride that is
- 6 approved by the federal Food and Drug Administration for the
- 7 treatment of an opioid overdose.

(2) “Opioid overdose prevention and treatment training program” means any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to train individuals to prevent, recognize, and respond to an opiate overdose, and that provides, at a minimum, training in all of the following:

(A) The causes of an opiate overdose.

(B) Mouth to mouth resuscitation.

(C) How to contact appropriate emergency medical services.

(D) How to administer an opioid antagonist.

(b) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe and subsequently dispense or distribute an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, peace officer, or other person in a position to assist a person at risk of an opioid-related overdose.

(c) (1) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, peace officer, or other person in a position to assist a person at risk of an opioid-related overdose.

(2) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the administration of an opioid antagonist to a person at risk of an opioid-related overdose by a family member, friend, peace officer, or other person in a position to assist a person experiencing or reasonably suspected of experiencing an opioid overdose.

(d) (1) A person who is prescribed or possesses an opioid antagonist pursuant to a standing order shall receive the training provided by an opioid overdose prevention and treatment training program.

(2) A person who is prescribed an opioid antagonist directly from a licensed prescriber shall not be required to receive training from an opioid prevention and treatment training program.

(e) A licensed health care provider who acts with reasonable care shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for issuing a prescription or order pursuant to subdivision (b) or (c).

(f) Notwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution. Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.

SEC. 2. Section 1797.170 of the Health and Safety Code is amended to read:

1797.170. (a) The authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt regulations for the training and scope of practice for EMT-I certification.

(b) Any individual certified as an EMT-I pursuant to this division shall be recognized as an EMT-I on a statewide basis, and recertification shall be based on statewide standards.

(c) Effective July 1, 1990, any individual certified as an EMT-I pursuant to this act shall complete a course of training on the nature of sudden infant death syndrome which is developed by the California SIDS program in the State Department of Public Health in consultation with experts in the field of sudden infant death syndrome.

(d) On or before July 1, ~~2015~~, 2016, the authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt regulations to include the administration of naloxone hydrochloride in the training and scope of practice of EMT-I certification. These regulations shall be substantially similar to existing regulations set forth in Chapter 3 (commencing with Section 100101) of Division 9 of Title 22 of the California Code of Regulations that authorize an EMT-I to receive EMT-II training in the administration of naloxone hydrochloride without having to complete the entire EMT-II certification course.

SEC. 3. Section 1797.197 of the Health and Safety Code is amended to read:

1797.197. (a) The authority shall establish training and standards for all prehospital emergency *medical* care personnel,

1 as defined in paragraph (2) of subdivision (a) of Section 1797.189,
2 regarding the characteristics and method of assessment and
3 treatment of anaphylactic reactions and the use of epinephrine.
4 The authority shall promulgate regulations regarding these matters
5 for use by all prehospital emergency *medical* care personnel.

6 (b) (1) The authority shall develop and, after approval by the
7 commission pursuant to Section 1799.50, adopt training and
8 standards for all prehospital emergency *medical* care personnel,
9 as defined in paragraph (2) of subdivision (a) of Section 1797.189,
10 regarding the use and administration of naloxone hydrochloride
11 and other opioid antagonists. The authority shall promulgate
12 regulations regarding these matters for use by all prehospital
13 emergency *medical* care personnel. The authority may adopt
14 existing training and standards for prehospital emergency *medical*
15 care personnel regarding the statewide use and administration of
16 naloxone hydrochloride or another opioid antagonist to satisfy the
17 requirements of this section.

18 (2) Pertinent training completed by prehospital emergency
19 *medical* care personnel, at the discretion of the medical director
20 of the local EMS agency, may be used to satisfy part of the training
21 requirements established pursuant to paragraph (1) regarding the
22 use and administration of naloxone hydrochloride and other opioid
23 antagonists by prehospital emergency *medical* care personnel.

24 (3) The training described in paragraphs (1) and (2) shall satisfy
25 the requirements of paragraph (1) of subdivision (d) of Section
26 1714.22 of the Civil Code.

27 SEC. 4. Section 11601 of the Health and Safety Code is
28 amended to read:

29 11601. The Attorney General shall encourage research on
30 misuse and abuse of controlled substances. In connection with the
31 research, and in furtherance of the enforcement of this division,
32 he or she may do all of the following:

33 (a) Develop new or improved approaches, techniques, systems,
34 equipment, and devices to strengthen the enforcement of this
35 division.

36 (b) Enter into contracts with public agencies, institutions of
37 higher education, and private organizations or individuals for the
38 purpose of conducting demonstrations or special projects that bear
39 directly on misuse and abuse of controlled substances.

1 (c) (1) Authorize hospitals and trauma centers to share
2 information with local law enforcement agencies and local
3 emergency medical services agencies about controlled substance
4 overdose trends.

5 (2) The information provided by hospitals and trauma centers
6 pursuant to this subdivision shall include only the number of
7 overdoses and the substances suspected as the primary cause of
8 the overdoses. Any information shared pursuant to this subdivision
9 shall be shared in a manner that ensures complete patient
10 confidentiality.